### IDAHO DEPARTMENT

# HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0736 PHONE 208-334-6626 FAX 208-364-1888

September 2, 2008

Joseph Messmer Mercy Medical Center 1512 Twelfth Avenue Road Nampa, Idaho 83686

Provider #130013

Dear Mr. Messmer:

On July 10, 2008, a Complaint Survey was conducted at Mercy Medical Center. The complaint allegations, findings, and conclusions are as follows:

### Complaint #ID00003540

Allegation #1: Emergency department (ED) patients had experienced extensive long waits to be seen by the triage nurse.

Findings:

An unannounced visit was made to the hospital on 7/8/08. Thirty-Two clinical records were reviewed of ED patients. Additionally, staff were interviewed and hospital policies were reviewed.

The hospital's "Triage Policy", effective as of 2/08, stated "A quick triage will be completed on all patients." The hospital's "Plan for Provision of Patient Care", effective as of 3/06, stated "Patients are triaged by an RN assessment and should be timely and brief....The goal should be for all patients to receive an initial triage assessment within 5 minutes of arrival to the emergency department."

One patient's record documented the patient was seen at the hospital's ED on 4/27/08 at 5:49 PM, with complaints of high blood sugars. The record documented the patient was pre-registered at 5:49 PM, and was triaged at 6:06 PM, 17 minutes after arriving at the emergency department. The patient was seen again at the hospital's ED on 5/4/08 at 11:11 PM, with complaints of an acute asthma exacerbation.

Joseph Messmer September 2, 2008 Page 2 of 3

The record documented the patient was pre-registered at 11:12 PM, and was triaged at 12:06 AM, 54 minutes after arriving at the ED. Twelve of the 32 patients' ED's medical records reviewed documented that the hospital had failed to ensure that nursing staff had triaged patients within 5 minutes per the "Triage Policy".

The hospital did not ensure that nursing staff had triaged patients within 5 minutes per the "Triage Policy". A deficiency was cited at 42 CFR 482.55(a,3) for the failure of the ED's medical staff to ensure that nursing staff had triaged the patient within 5 minutes per the "Triage Policy".

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Allegation #2: ED patients had experienced extensively long waits to receive treatment.

Findings: Thirty-Two clinical records were reviewed of ED patients. Additionally, staff were interviewed and hospital policies were reviewed.

The hospital's "Plan for Provision of Patient Care", effective as of 3/06, stated "Patients are triaged by an RN...The purpose is to gather sufficient information to make a triage severity rating decision..."

The hospital adopted the "Emergency Severity Index" (ESI), on 2/2008 to triage ED patients. The hospital's "Triage Policy", effective as of 2/08, stated a quick triage will be completed on all patients. The some of the ESI level II indicators were described as, new onset confusion, lethargy or disorientation, severe pain greater then or equal to 7 and patients requiring two or more resources.

The Agency for Healthcare Research and Quality "
http://www.ahrq.gov/research/esi/esi3.htm", stated that "ED's that practice the EMS
system that the emergency nurse triages each patient and determines the priority of
care based on physical, developmental and psychosocial needs as well as factors
influencing access to health care and patient flow through the emergency care
system...Acuity is determined by the stability of vital functions and potential for life,
limb, or organ threat."

The EMS handbook dated 5/2005, stated that level 2 patients present with confusion, lethargic, disoriented or severe pain and/or distress. Some examples of high risk situations were abdominal pain, MVA with transient loss of consciousness. It also stated that "It is common for the triage nurse to identify a high-risk situation which may then be confirmed by finding abnormal vital signs."

One patient was seen at the hospital's ED on 4/27/08 at 5:49 PM, with complaints of high blood sugars, nausea and vomiting.

The record documented the patient was pre-registered at 5:49 PM, and was triaged at 6:06 PM. The patient had a history of Juvenile Diabetes and reported that her blood glucose monitor had read "High today" and that her sugars had been high for the past two weeks. The patient's pulse was 103 and her blood sugar at 6:24 PM was greater then 500. Mosby's Diagnostic and Laboratory Test Reference states that a blood sugar greater then 400 is a possible critical value and may be and indication of Diabetic Ketoacidosis a life-threatening complication. "(Diabetic Ketoacidosis untreated has a high mortality rate http://en.wikipedia.org/wiki/Diabetic ketoacidosis)." The patient was triaged as a level 3 in severity and remained in the ED lobby until 10:22 PM. The patient was admitted to the hospital at 10:40 PM, with a diagnosis of Diabetic Ketoacidosis. Seven of the 32 patient's ED's medical records that were reviewed documented that the hospital had failed to ensure that nursing staff had not assigned patient's "Emergency Severity Index" appropriately per the hospital's policies.

Nursing staff failed to ensure that nursing staff had assigned the patient's "Emergency Severity Index" appropriately. A deficiency was cited at 42 CFR 482.55(a, 3) for the failure of the ED's medical staff to ensure that nursing staff assigned the patient's "Emergency Severity Index" appropriately.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

PATRICK HENDRICKSON Health Facility Surveyor

Non-Long Term Care

SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care



CENTERS FOR MEDICARE & MEDICAID SERVICES
Consortium For Quality Improvement and Survey & Certification Operations
Western Consortium – Division of Survey & Certification

#### IMPORTANT NOTICE - PLEASE READ CAREFULLY

July 30, 2008

Joseph Messmer, President and CEO Mercy Medical Center 1512 – 12<sup>th</sup> Avenue Road Nampa, ID 83686

CMS Certification Number: 13-0013

Dear Mr. Messmer:

To participate as a provider of services in the Medicare and Medicaid Programs, a hospital must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The Idaho Bureau of Facility Standards (State agency) completed a complaint investigation authorized by the Centers for Medicare & Medicaid Services (CMS) on July 10, 2008. Based on a review of the deficiencies identified during this investigation, we have determined that Mercy Medical Center is not in substantial compliance with the Medicare hospital Condition of Participation – Emergency Services(42 Code of Federal Regulations (CFR) § 482.55).

Section 1865 of the Social Security Act (The Act) and pursuant regulations provide that a hospital accredited by The Joint Commission will be "deemed" to meet all Medicare health and safety requirements with the exception of those relating to utilization review. Section 1864 of The Act authorizes the Secretary of Health and Human Services to conduct a survey of an accredited hospital participating in Medicare if there is a substantial allegation of a serious deficiency which would, if found to be present, adversely affect the health and safety of patients. Therefore, as a result of the July 10, 2008, complaint survey findings, we are required following timely notification of the accrediting body, to place the hospital under Medicare State Agency survey jurisdiction until the hospital is in compliance with all Conditions of Participation.

The deficiencies cited limit the capacity of Mercy Medical Center to furnish services of an adequate level or quality. The deficiencies, which led to our decision, are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567). It is not a requirement to submit a plan of correction; however, under federal disclosure rules, findings of the inspection, including the plan of correction submitted by the facility, become publicly disclosable within 90 days of completion.

You may therefore wish to submit your plans for correcting the deficiencies cited within 10 calendar days of receipt of this letter. An acceptable plan of correction contains the following elements:

- The plan for correcting each specific deficiency cited;
- The plan should address improving the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- All plans of correction must demonstrate how the hospital has incorporated its improvement
  actions into its Quality Assessment and Performance Improvement (QAPI) program,
  addressing improvements in its systems in order to prevent the likelihood of the deficient
  practice reoccurring. The plan must include the monitoring and tracking procedures to
  ensure the plan of correction is effective and that specific deficiencies cited remain corrected
  and/or in compliance with the regulatory requirements; and
- The plan must include the title of the person responsible for implementing the acceptable plan of correction.

Each deficiency should be corrected as soon as possible. Additionally, please sign and date page one where indicated prior to returning the CMS-2567 to our office. Please send the completed plan of correction to the address below, with a copy to the State agency:

CMS – Survey and Certification Attention: Kate Mitchell 2201 Sixth Avenue, RX-48 Seattle, WA 98121 Fax: (206) 615-2088

Additionally, in accordance with § 1865(b) of The Act, the Idaho Bureau of Facility Standards, will conduct a full unannounced health and life safety code survey of your hospital to assess compliance with all the Medicare Conditions of Participation, within the next 60 days.

The recommendation that Mercy Medical Center submit a plan to correct its Medicare deficiencies does not affect its accreditation, its Medicare payments, or its current status as a participating provider of hospital services in the Medicare program. When Mercy Medical Center has been found to meet <u>all</u> the Medicare Conditions of Participation for hospitals, the State agency will discontinue its survey jurisdiction.

Under CMS regulations 42 CFR § 498.3(d), this notice of findings is an administrative action, not an initial determination by the Secretary, and therefore formal reconsideration and hearing procedures do not apply.

Copies of this letter are being provided to the State agency and The Joint Commission. You can also pursue any concerns you may have with The Joint Commission at any time.

### Page 3 – Mr. Messmer

If you have any questions, please contact Kate Mitchell of my staff at (206) 615-2432.

Sincerely,

Steven Chickering

Western Consortium Survey and Certification Division of Survey and Certification

Enclosure

Debra Ransom, Idaho Bureau of Facility Standards cc:

The Joint Commission

# Mercy Medical Center

RECEIVED

8-7-2008

AUG 0 8 2008

Kate Mitchell
CMS – Survey and Certification
2201 Sixth Avenue, RX-48
Seattle, WA 98121

**FACILITY STANDARDS** 

Dear Ms. Mitchell

Thank you for the opportunity to review the findings of our survey with you over the phone. Attached please find the signed CMS-2567 which includes our Plan of Correction.

Upon your receipt and review of this document we welcome any input or feedback you may be able to provide. Thanks again for your time and attention to our situation.

Respectfully yours,

Joseph Messmer President, CEO

cc: Idaho Department of Health & Walfare

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/28/2008 FORM APPROVED OMB NO. 0938-0391

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CVA = Cerebral Vascular Accident DCS = Director of Clinical Services DT's = Delirium Tremens ETOH = Alcohol ED = Emergency Department ESI = Emergency Department ESI = Emergency Severity Index GERD = Gastroesophageal Reflux Disease CILITY HTN = Hypertension (High Blood Pressure) Labs = Laboratory Tests LOC = Level of Consciousness POC = Plan of Correction QAPI = Quality Assurance Performance Improvement RN = Registered Nurse TEC = Technician VS = Vital Signs  A 267  A 267  The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital services and operations.  Loc = Level of Consciousness POC = Plan of Correction QAPI = Quality Assurance Performance Improvement RN = Registered Nurse TEC = Technician VS = Vital Signs  A 267			ral Advise D L C I		/ C	PSC = Patient Safety Committee		
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RN = Registered Nurse TEC = Technician VS = Vital Signs 482.21(a)(2) QAPI QUALITY INDICATORS  The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital services and operations.  A 267  RN = Registered Nurse Title CNO met with each department director to discuss the QAPI changes, expectations, and metrics. During the first three weeks of August each Director will meet with the Quality Department to identify their department-level quality indicators, to include patient safety, high risk, or problem prone key quality indicators. The key quality indicators will be measured, analyzed, tracked, and reported in the hospital-wide Quality Leadership Council (QLC) and chaired by the			and t chomiano			During the July 2008 performance	evaluations	
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A 267  482.21(a)(2) QAPI QUALITY INDICATORS  The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital services and operations.  A 267  August each Director will meet with the Quality Department to identify their department-level quality indicators, to include patient safety, high risk, or problem prone key quality indicators. The key quality indicators will be measured, analyzed, tracked, and reported in the hospital-wide Quality Leadership Council (QLC) and chaired by the			•					
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events, and other aspects of performance that assess processes of care, hospital services and operations.  quality indicators. The key quality indicators will be measured, analyzed, tracked, and reported in the hospital-wide Quality Leadership Council (QLC) and chaired by the						nations safety high rick or problem	n prope kov	
assess processes of care, hospital services and operations.  will be measured, analyzed, tracked, and reported in the hospital-wide Quality Leadership Council (QLC) and chaired by the								
operations.  reported in the hospital-wide Quality Leadership Council (QLC) and chaired by the								
Leadership Council (QLC) and chaired by the	-	•	care, hospital services and					
		operations.						1
						CNO.		
	ABORATORY I	DIRECTOR'S OR PROVIDERS		-		TITLE:		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: P06111

Facility ID: ID9HHL

If continuation sheet Page 1 of 27

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE  A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		130013	B. WING		07/10	; p/2008
	ROVIDER OR SUPPLIER		151:	T ADDRESS, CITY, STATE, ZIP CODE 2 TWELFTH AVENUE ROAD MPA, ID 83686		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODEFICIENCY)	ILD BE	(X5) COMPLETION DATE
A 267	Based on review of the reports and POCS, questaff interview, it was failed to ensure its Q/quality and appropriate provided to patients, patients receiving income and delayed, incorrect emergency needs. The A previous complaint the hospital on 10/1/0 that survey it was four	not met as evidenced by: the hospital's previous survey uality improvement data and determined the hospital API program monitored the teness of ED services This failure contributed to complete triage assessments t triage of patients'	A 267	On 8-20-08 all identified departm indicators on the QAPI dashboar reviewed for validity, efficacy, an improvement sustainability. QAF department-level key quality indictions around patient safety, paties satisfaction, and additional depar specific metrics as needs are ide QLC will include administrative sistaff, department directors, and QLC minutes and activities will be the Medical Executive Committee Hospital's governing body. An in review of all department-specific occur August 11th – 20th. This involve the department directors, and PI Coordinator, to further defines, targets, parameters, emetrics.	d will be d d d d d d d d d d d d d d d d d d d	8-20-08
	hospital. The policy "FOR TRIAGE AND PI September 2003, stat by the Triage nurse be did not occur. A tour 10/1/07 at 10:45 AM. pre-registration area a	PROTOCOL & PROCESS RE-REGISTRATION", dated ed "All patients will be seen efore pre-registration." This of the ED was conducted on Walk-in patients went to a and were pre-registered to the waiting room outside		On 7-10-08 the QM Director, PI of and CNO met with the ED Director metrics, initially identified as; pating AMA, patients LWOBS, time to the LIP evaluation as the ED indicator response to deficiencies cited dusurvey.  On 7-8-08 the CNO implemented recruitment plan for an ED Direct place the current Director in a de	or to identify ents leaving iage, time to ors, in ring the a or and to	7-10-08 7-8-08
	dated, stated "The tria triage process within a arrival." This did not o for over an hour in son defined Acuity Catego	ents at intervals based on evels included:		role as Assistant Director. On 8-7-08 the Triage Policy was revised to assure compliance wit that protect the health and safety The measure of success for adheringe Policy and Nurse's Respo 95% compliance via random sama udit of 30 records per month. Beginning on 8-11-08 100% of the nurses will be educated and held	n timeframes of patients. erence to the nsibilities is uple chart e Triage	8-7-08 9/11/08

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	EDICAL CENTER			1:	IEET ADDRESS, CITY, STATE, ZIP CODE 512 TWELFTH AVENUE ROAD IAMPA, ID 83686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG	ïX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(XS) COMPLETION DATE
A 267	policy. A deficiency w CFR 482.55(a, 3), for implement policies rel monitoring of ED patie The hospital's POC, of "Monthly audit process charts to assess triage	every 15 minutes ery 30 minutes t: every 60 minutes every 120 minutes" i not occur per hospital vas cited on 10/3/08, at 42 the failure of the hospital to lated to triage and	A	267	hospital-wide QAPI program was period PI Plan was revised to include depart quality indicators and a revised report structure. The FY 09 focus areas were with the CNO and will include adverse events, processes of care, and hospit and operations. During the July 2008 performance evaluations the CNO medepartment director to discuss the QAC changes, expectations, and metrics first three weeks of August each Dire meet with the Quality Department to it department-level quality indicators, to patient safety, high risk, or problem p quality indicators. The key quality indicators the QLC.	ment-level ting e identified e patient tal services } et with each API During the ctor will identify their o include rone key	8-1-08
And the state of t	developed to review of assessment times and methods based on ne  The QA Director and to interviewed together of	eds. the ED Director were on 7/9/08 at 2:15 PM. They	,		On 7-24-08, the CNO, the physician of PISC, the physician chair of the PSC Director, Hospital attorney, QM Data and Medical Staff Coordinator met to proposed changes to the hospital-wich and the development of a department quality indicator reporting structure.	, QM Analyst, discuss de QAPI t-specific	7-24-08
TO THE PROPERTY OF THE PROPERT	nor the ED was perfor as stated in the hospit	hospital's QAPI program, ming monthly chart audits al's POC.			On 7-29-08 the ED Director and CNC discuss detailed improvements need adequately address triage and PI iss ED. On 8-6-08 the new ED Director	ed to ues in the was named	7-29-08
A 467	Emergency Services r standard level deficier to the failure of the ho presenting to the ED v and triaged in a timely consistent with their el	not met and related not met and related spital to ensure patients were completely assessed manner, prioritized mergency needs, and ing, as per the hospital's es.	, A	467	with an expedited start date of 8-18-0 On 8-5-08 the EDIT met and was atte ED leadership, ED staff, ED physicia CNO. The taskforce will focus on im processes for triage and documentat EDIT began improvement activities in using process flow mapping and a fis diagram. EDIT reports will be a rect agenda item for MEC and the Board.	ended by ns, and the provement ion. The mmediately, shbone urring	8-5-08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING	3	(	,
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A 467	appropriate:] All practitioner's order treatment, medication laboratory reports, an information necessary condition.  This STANDARD is reported by a seed on staff interview of hospital polithospital failed to ensupatients (#'s 8, 9, 17, whose records were reassessment and reas necessary to effective medical status of each document all pertinen potential to negatively incorrect assessment patients. The findings  1. The hospital's "Plant Care", effective on 3/6 triaged by an RNThe sufficient information rating decisionAll as examinations are documents.	ument the following, as  rs, nursing notes, reports of a records, radiology and d vital signs and other y to monitor the patient's  not met as evidenced by: ews, record reviews, and icies, it was determined the are the records of 8 of 32 ED 19, 21, 22, 24, and #32), eviewed, documented triage sessment information ely identify and monitor the in patient. The failure to t patient information had the are impact patient care due to and reassessment of ED is include:  In for Provision of Patient D6, stated "Patients are e purpose is to gather to make a triage severity	A 467		the Plan for iewed and delines. I and held lure to tion for staff easure of iew of 30 t efforts will ff meetings and  Taskforce wement roup to ment with dical staff. gan ation. The cal staff and he Pl port to the includes ership, ED lepartment. Ill more ow of care, and process. orted at the ED Director	9/30/08
TOWNWITH A CAPACITY OF	The hospital adopted Index", in 2/2008, to to hospital's "Triage Policies"	the "Emergency Severity riage ED patients. The cy", effective 2/08, stated a completed on all patients to		CNO. On 8-7-08 the Triage Policy and T Nurse's Responsibilities were revie revised to assure compliance with that protect the health and safety of	ewed and timeframes	8-7-08

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1, ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		130013	B. WING _	to the control of the	07/10/	2008
	OVIDER OR SUPPLIER EDICAL CENTER			REET ADDRESS, CITY, STATE, ZIP CODE 1512 TWELFTH AVENUE ROAD NAMPA, ID 83686		
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A 467	situations that include and/or a pain rating o on a 0-10 pain scale, number of different ty such as laboratory test assigned a higher price. ED staff failed follow the designed to ensure product the designed to ensure product the designed to ensure product.  A. Patient #8 was a 3 the hospital's ED on 6 patient had thyroid succomplaints of pain in area", and was nause malaise (weakness) a stated she was light the triage assessment was a 10 of 10 but did observations or a destruction or a destruction or a destruction, or severity of appearance and function, or severity of appearance and function, or severity of appearance and function, or severity of abscess of her surger to ensure that staff do triage assessment.  B. Patient #9 was an	rel. This was to be I observation. High risk I d severe pain/distress If greater than or equal to 7 and patients needing a pes of hospital resources sts and X-Rays, were to be pority level.  The above hospital policies atients' ED records ry health status information.  5-year-old female seen at 6/20/08 at 4:12 PM. The pregry on 6/11/08. She had ther "post-thyroid surgery that a sore throat. She peaded and was shaking. Int stated the patient's pain ain was located, the type of on of the pain. The percurbing of the patient's pain ain was located, the type of on of the pain. The percurbing of the patient's point stated to enture as frequency, of symptoms; patient's tioning as it related to pent was sent to another or rule out sepsis or an ry site. The hospital failed pocumented an adequate	A 46	In September 2008 Team Health wadditional training on ESI to all ESI-registered nurses. Adjustments an improvements will include an evalue ESI as a triage philosophy, revision policies, identification of target para and current documentation practice Improvements may also include evand adjustment of IT systems to enconsistency of assigning triage acued ED QAPI metrics will include triage and will be regularly reported to the ensure efficacy and sustainability of improvements. Cases will be reviewed monthly by ED staff, and will be reported to the EDIT.  All improvement efforts will be reported to the EDIT.  All improvement efforts will be reported to the EDIT.  All improvement efforts will be reported to the MEC and Govern by the CNO.  The following policies are in process and revision by a sub-committee of Review Committee that includes Quand ED staff and physicians:  1. Triage Policy 2. Documentation in Medited and ED staff and physicians: 1. Triage Policy 2. Documentation in Medited and ED staff will be inserviced and heacsessment 5. ED Registration Multidiscon Protocol 6. ED Registration  All ED staff will be inserviced and heaccountable to these policies and vertical record review of 30 charts and improvement efforts will be reported in the measure of success with	certified d ation of of current ameters, es. aluation whance wity. indicators, e EDIT to of wed ported to ported to perning Body es of review of the Policy M, CNO, ech cient Care ciplinary will face will be per month. Inted at the y the ED	8-20-08 10-31-08 8-7-08 8-7-08 8-7-08 8-7-08 8-7-08 8-7-08
	bresented to the CD (	on 3/20/08 at 12:12 PM, with		by the CNO.		

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		130013	B. WING _		07/10	
	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE 1512 TWELFTH AVENUE ROAD NAMPA, ID 83686	. 07/10	//2008
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A 467	heart rate). The patie from the office to the rapid heart rate. The atrial fibrillation and a triage assessment no patient's pulse was 2 documented how this who took it. No evalu documented at that tin note at 12:23 PM stat was "88-130 via pulse actual pulse rate documented the profibreath, dizzy, responsible." The record stat an examination room returned to the ED was Again, there was no described the office of the total pulse.	dysrhythmias (irregular and's physician had sent her ED for an evaluation of her patient had a history of pacemaker. The RN's te at 12:23 PM, stated the 10 at registration. It was not pulse rate was obtained or ation of the patient was me. The triage assessment ed the patient's pulse rate to (oximeter)". However, the imented at 12:23 was 135. atient "denies feeling short posive skin w&d color pale ted Patient #9 was taken to	A 46	In September 2008 Team Health additional training on ESI to all ESI registered nurses. Adjustments a improvements will include an eval ESI as a triage philosophy, revision policies, identification of target parand current documentation practicul improvements may also include erand adjustment of IT systems to econsistency of assigning triage and ED QAPI metrics will include triage and will be regularly reported to the ensure efficacy and sustainability improvements. Cases will be revision monthly by ED staff, and will be reported to the EDIT.  All improvement efforts will be reported. Cases will be reported to the EDIT.  All improvement efforts will be reported to the EDIT.  All improvement efforts will be reported to the EDIT.	Si-certified and uation of current rameters, ces. valuation enhance enity. ee indicators, he EDIT to of lewed eported at the by the ED	10-31-08 · 8-20-08
	AMA at 2:02 PM.  The RN who was on o interviewed on the tele 1:20 PM on 7/9/08. S	duty 3/20/08, was aphone about the patient at he did not recall the case nospital failed to ensure that an adequate triage		On 7-29-08, the ED Improvement identified triage as a priority improssue, and assigned a Triage subject evaluate opportunities for improve guidance and oversight by ED me	ovement group to ement with edical staff.	9-30-08 9-30-08
Androide in the second of the	C. Patient #17 was a seen at the hospital's with complaints of a h documented the patie. The RN's triage notes head injury was susta football. It was docum reported that, "Everyth seconds"; he had blur	17-year-old male who was ED on 4/30/08 at 5:21 PM, ead injury. The record nt was triaged at 5:27 PM. documented the patient's ined while he was playing		meeting with medical staff participal Triage subgroup includes ED clinic medical staff, and is facilitated by Coordinator. This subgroup will reach the ED Improvement Taskforce, whice ED physicians, the CNO, ED lead staff, and is facilitated by the QM The ED Improvement Taskforce who broadly address philosophy and fas well as evaluating adjustments improvements to the current triages.	pation. The ical staff and the PI eport to the h includes lership, ED department. will more low of care, and	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		130013	B. WING	***************************************	C 07/10/2008	
	OVIDER OR SUPPLIER		1:	EET ADDRESS, CITY, STATE, ZIP CODE 512 TWELFTH AVENUE ROAD IAMPA, ID 83686	, , , , , ,	
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A 467	documentation of the neurological assessm included, but was not whether the patient w disoriented. Further,	ssessment did not contain patient's LOC to include a nent that would have limited to, observations of ras confused, lethargic or the record did not contain	A 467	On 7-29-08, the ED Improvement To identified documentation as a priorit improvement issue, and assigned a Documentation subgroup to evaluat opportunities for improvement.	y	9-30-08
	and duration. Further the number of resources the number of resources. Representative signe because of "Not enoughospital failed to ensudocumented an adequate of the number of the numb	The patient's Legal d the patient out AMA igh beds" at 5:53 PM. The		On 7-30-08 The ED Assistant Direct developed an ED Medical Record at audit tool is currently being refined. staff will perform documentation-foc audits (at least 30 per month to ensisignificance) starting in September. results of these audits will be reported improvement Taskforce.  The ED Documentation Improvement	udit tool. This ED nursing used chart ure statistical Aggregated ed to the ED	8-31-08
	seen at the hospital's The patient had comp and leg injuries that w	ED on 4/27/08 at 1:32 PM. blaints of head, hand, knee vere sustained when he ran	THE REAL PROPERTY OF THE PROPE	is led by the ED Director and ED As Director with participation by the ED Staff, QM staff and ED staff.		
	notes documented the were head, neck, arminjuries; he rated his passessment did not copatient's LOC to incluse assessment that wou not limited to, observe was confused, lethargrecord did not include patient's injuries nor hassessment did not list that the patient may confused. PM, it was noted patient "Left without be not contain document staff had reassessed significant symptoms,	pain as 8 of 10. The triage contain documentation of the de a neurological ld have included, but was ations of whether the patient gic or disoriented. The an assessment of the his pain. Further, the st the number of resources or may not have needed. At		On 8-5-08 the Documentation subgrameeting. The ED staff, ED subgrameeting and is facilitated by the QM Director Clinical Quality Specialist. This subgramed to the ED Improvement Taskincludes ED physicians, the CNO, Eleadership, ED staff, and is facilitated department. The ED Improvement will be more broadly addressing philiflow of care, as well as evaluating and improvements to the current do process. ED QAPI metrics will be reported to the ED Improvement Tasensure efficacy and sustainability of improvements	roup includes sentation, and/or the group will force, which ED d by the QM Taskforce losophy and djustments cumentation egularly skforce to	9-30-08

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER		•		ET ADDRESS, CITY, STATE, ZIP CODE 12 TWELFTH AVENUE ROAD	07710	12008
MERCYM	EDICAL CENTER			NA	MPA, ID 83686		
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A 467	failed to ensure staff I adequate triage asses E. Patient #21 was a seen at the hospital's complaints of liver pa	age Policy". The hospital nad documented an ssment of the patient. 43-year-old male who was ED on 4/14/08, with	A	167	All improvement efforts will be rep ED Medical Staff meetings by the and to the MEC and Governing Bo CNO.  On 8-5-08 the CNO arranged with Hospital attorney for education to	ED Director ody by the the clinical staff	10-31-08
	abdominal pain and li his pain as a 4 of 10. history of drug abuse	ver pain. The patient rated He had a past medical and was hepatitis C			regarding documentation. This ed session is scheduled to occur in S 2008, and will involve all clinical do	eptember	
	4/13/08. The patient suffered from anxiety assessment did not cobservations of the pato include, but not be symptoms of DT's. Finot list the number of may have needed such or Radiology services resources were not nepatient was seated in 12:45 and at 1:45 PM patient was not in the PM the patient had be hospital failed to ensudocumented an adequate patient.	urther, the assessment did resources that the patient ch as Laboratory, Psychiatric ch or justify why those eeded. At 11:08 AM, the the ED waiting room. At it was documented that the waiting room and at 1:52 een discharged AMA. The are that staff had uate triage assessment of			By 10-31-08 the ED Director, CNC Department will complete all impro action related to this plan, for char to our current ED documentation. the improvement of documentation and on-going.	ovement nges related As always,	10-31-08
	presented to the ED of upper abdominal properties of the triage note stated YESTERDAY SHE WOPPER ABD PAIN MEMESIS X2." The padocumented as 8 of 1	19-year-old female who on 4/27/08. She complained ain and shortness of breath. If the patient "STATES THAT OKE UP WITH BILATERAL IGRATING INTO BACK. tient's pain was 0. The triage assessment nented clinical observations		A			

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PR	OVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
MERCY M	EDICAL CENTER			1:	512 TWELFTH AVENUE ROAD IAMPA, ID 83686		
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A 467	or her behavior (i.e. nemotions, being unus acute pain. Further, the number of resound have needed or justiff not needed. The patinoom. No other docupatient's condition (i.e. radiating to another pin the record until 7:5 stated the patient left signed an AMA form. ensure that staff had triage assessment.  G. Patient #24 was a seen at the hospital's with a complaint of a sent to the waiting roagainst medical advict notes, written by the patient rated his/her passessment did not cobservations of the princlude a neurological assessment of his parand duration. Further the number of resourneed or justify why the needed. The hospital had documented an attribute the side of the side of the hospital had documented an attribute the side of the hospital had documented an attribute the side of the hospital had documented an attribute the side of the hospital had documented an attribute the side of the hospital had documented an attribute the side of the hospital had documented an attribute the side of the hospital had documented an attribute the side of the hospital had documented an attribute the side of the hospital had documented an attribute the side of the s	sed blood pressure or pulse) estlessness, heightened sually quiet) related to her the assessment did not list ces that the patient may y why those resources were ent was sent to the waiting mentation regarding the e. pain subsiding, worsening, art of the body) was present 6 PM. The note at this time without being seen and The hospital failed to documented an adequate  37-year-old male that was ED on 4/9/08 at 7:37 PM, migraine headache. He was om at 7:47 PM, until he left the at 11:17 PM. Triage triage RN, documented the toain as 10 of 10. The triage ontain documented clinical attent's mental status to	A	467	See pages 4-8 for POC.		
	complained of abdom documented the patie The triage note failed	to document the level of atlent was experiencing.					

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUI	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			D D	
		130013	B. WIN			07/10	/2008
•	OVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 1512 TWELFTH AVENUE ROAD NAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTIO PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP DEFICIENCY)		ULD BE	(X5) COMPLETION DATE
A 467	was placed in the wai listed the patient's blo PM. No assessment documented at this time was documented at 4 patient's pain level was tabbing and radiated further assessment wat 4:20 PM, the nursi patient's abdomen as assessment was documented at 4:20 PM, the nursi patient's abdomen as assessment was document patient. Nursir was "UPDATED ON given an antibiotic me physician eventually of his examination was nursing note stated the with the patient at 6:3 at 6:55 PM. The hos information necessar patient's condition.	ras noted at 144/95. She liting room. A vital sign sheet rood pressure at 186/118 at 3 of the patient was me. The next assessment 202 PM. It stated the ras 10 of 10 and was red to her perineum. No ras documented at this time. rang note described the red tender. No further rumented at this time. No red documented as being given rang notes stated the patient red wAIT TIME" at 5:44 PM and redication at 6:15 PM. The red saw the patient but the time range not documented. A red physician was in the room red PM. She was discharged	A	467	See pages 4-8 for POC.		
	records were reviewed and Case Managemed ED. They were not a documentation on the On 7/10/08 at approx Director of Medical R had been struggling to years and that the cut flaws.	ed with the Director of Quality ent and the Director of the ble to provide any further a above patients.					

CENTERS FOR MEDICARE & MEDICAID SERVICES

AND PLAN OF CORRECTION (XT) PROVIDERSOPPLIERCLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED	
	130013	B. WIN	G		07/10	
			15	512 TWELFTH AVENUE ROAD		
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2. The hospital's "Tria stated "Patient's waiti treatment area will ha completed and docum reassessment will include assist obtaining vs), a which nurse saw that interventions provided Any significant symptoreassessed"  On 7/10/08, two nurse nurses, stated they of ED lobby but do not opatients' medical record. The hospital failed to information was documed to informa	age Policy", effective 2/08, and to be taken to the ve a reassessment mented hourly. The lude vital signs, (tec may and a notation indicating patient. Any other divided will also be documented. The lude vital signs are should be less, who worked as triage from the chart the reassessments in and an are linear the reassessments in lude.  SERVICES  Let the emergency needs of the with acceptable standards less and review of hospital cords, it was determined an are patients presenting to y, appropriate triage seessments to meet their andings include:					
	CORRECTION  ROVIDER OR SUPPLIER  SUMMARY ST. (EACH DEFICIENC' REGULATORY OR I  Continued From page  2. The hospital's "Tria stated "Patient's waiti treatment area will ha completed and docum reassessment will inc assist obtaining vs), a which nurse saw that interventions provided Any significant symptoreassessed"  On 7/10/08, two nurse nurses, stated they of ED lobby but do not copatients' medical records.  482.55 EMERGENCY  The hospital failed to information was docum records.  482.55 EMERGENCY  The hospital must me patients in accordance of practice.  This CONDITION is repaired to the spital failed to ethe ED received timely assessments and reasoned in the spital failed to ethe ED received timely assessments and reasoned in the spital failed to ethe ED received timely assessments and reasoned in the spital failed to ethe ED received timely assessments and reasoned in the spital failed to ethe ED received timely assessments and reasoned in the spital failed to ethe ED received timely assessments and reasoned in the spital failed to ethe ED received timely assessments and reasoned in the spital failed to ethe ED received timely assessments and reasoned in the spital failed to ethe ED received timely assessments and reasoned in the spital failed to ethe ED received timely assessments and reasoned in the spital failed to ethe ED received timely assessments and reasoned in the spital failed to ethe ED received timely assessments and reasoned in the spital failed to ethe ED received timely assessments and reasoned in the spital failed to ethe ED received timely assessments and reasoned in the spital failed to ethe ED received timely assessments and reasoned in the spital failed to ethe ED received timely assessments and reasoned in the spital failed to ethe ED received timely assessments and reasoned in the spital failed to ethe ED received timely assessments and reasoned in the spital failed to ethe ED received timely assessments and the spital failed to ethe ED received timely assessments and the spital failed	TOORRECTION  IDENTIFICATION NUMBER:  130013  ROVIDER OR SUPPLIER  EDICAL CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 10  2. The hospital's "Triage Policy", effective 2/08, stated "Patient's waiting to be taken to the treatment area will have a reassessment completed and documented hourly. The reassessment will include vital signs, (tec may assist obtaining vs), and a notation indicating which nurse saw that patient. Any other interventions provided will also be documented. Any significant symptoms should be reassessed"  On 7/10/08, two nurses, who worked as triage nurses, stated they often check ED patients in the ED lobby but do not chart the reassessments in patients' medical records.  The hospital failed to ensure all necessary information was documented in patients' ED records.  482.55 EMERGENCY SERVICES  The hospital must meet the emergency needs of patients in accordance with acceptable standards	A BUIL  130013  DOVIDER OR SUPPLIER  EDICAL CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 10  2. 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This CONDITION is not met as evidenced by: Based on staff interviews and review of hospital policies and patient records, it was determined the hospital failed to ensure patients presenting to the ED received timely, appropriate triage assessments and reassessments to meet their medical needs. The findings include:  1. Refer to A267 as it relates to the failure of the	A BUILDING B WING  130013  A BUILDING B WING  130013  A BUILDING B WING  130013  A BUILDING B WING  STR  CONCIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 10  2. The hospital's "Triage Policy", effective 2/08, stated "Patient's waiting to be taken to the treatment area will have a reassessment completed and documented hourly. The reassessment will include vital signs, (tec may assist obtaining vs), and a notation indicating which nurse saw that patient. Any other interventions provided will also be documented. 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Refer to A267 as it relates to the failure of the	CONDER OR SUPPLIER  130013  STREET ADDRESS, CITY, STATE, ZIP CODE 1512 TWELFTH AVENUE ROAD NAMPA, ID 33686  (RACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 10  2. The hospital's "Triage Policy", effective 2/08, stated "Patient's waiting to be taken to the treatment area will have a reassessment completed and documented hourly. The reassessment will include vital signs, (tec may assist obtaining vs), and a notation indicating which nurse saw that patient. Any other interventions provided will also be documented. Any significant symptoms should be reassessed"  On 7/10/08, two nurses, who worked as triage nurses, stated they often check ED patients in the ED lobby but do not chart the reassessments in patients' medical records.  The hospital failed to ensure all necessary information was documented in patients' ED records.  482.55 EMERGENCY SERVICES  The hospital must meet the emergency needs of patients in accordance with acceptable standards of practice.  Please refer to POCs for tags A 2 and A 1104. Cited deficiencies at to these standards.  This CONDITION is not met as evidenced by: Based on staff interviews and review of hospital policies and patient records, it was determined the hospital failed to ensure patients presenting to the ED received timely, appropriate triage assessments and reassessments to meet their medical needs. The findings include:  1. Refer to A267 as it relates to the failure of the	This CONDITION Number:  130013  STREET ADDRESS, CITY, STATE, 2P CODE 1512 TWELFTH AVENUE ROAD NAMPA, ID 33586  SUMMARY STATEMENT OF DEPOLICIONS (EACH OFFICIANCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 10  2. 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A 467  A 4100  The hospital failed to ensure all necessary information was documented in patients' ED records.  482.56 EMERGENCY SERVICES  This CONDITION is not met as evidenced by: Based on staff interviews and review of hospital policles and patient records, it was determined the hospital failed to ensure patients presenting to the ED received timely, appropriate triage assessments and reassessments to meet their medical needs. The findings include:  1. Refer to A267 as it relates to the failure of the

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER	1	151	ET ADDRESS, CITY, STATE, ZIP CODE 2 TWELFTH AVENUE ROAD MPA, ID 83686		
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A1100	the quality and approprovided to patients.  2. Refer to A467 as it hospital to ensure paragrams are assessment inform effectively identify an of each patient.  3. Refer to A1104, as hospital to ensure its sufficient oversight of policies to ensure paragrams are completely assemanner, prioritized or emergency needs, ar for a medical screeni	t relates to the failure of the tients' ED records seesment and ation necessary to d monitor the medical status it relates to the failure of the medical staff provided f the implementation of ED tients presenting to the ED essed and triaged in a timely posistent with their and reassessed while waiting	A1100	Please refer to POCs for tags and A 1104. Cited deficiencie to these standards.	es are referrals	
A1104	practices significantly ability to provide safe patients seeking ED: 482.55(a)(3) EMERG POLICIES  [If emergency service hospital] The policies and procare provided in the edepartment are estable continuing responsibility.  This STANDARD is a Based on staff intervi	r impeded the hospital's a, effective services to services. SENCY SERVICES as are provided at the cedures governing medical emergency service or	A1104	On 8-5-08 the Clinical Leade identified the need for improverview and revision of Hospit The QM Department will over facilitate meetings, and will a policies to be placed on the formation of the following the fol	rement in regular al-wide policies. The process, arrange for affect where a proved by the partment chair. The process are as will go to the ginning August will be reviewed.	8-22-08

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		E CONSTRUCTION .	(X3) DATE SUR COMPLETE	
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	OVIDER OR SUPPLIER			15	EET ADDRESS, CITY, STATE, ZIP CODE 112 TWELFTH AVENUE ROAD AMPA, ID 83686		
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A1104	provided sufficient ovimplementation of ED presenting to the ED and triaged in a timely consistent with their ereassessed while wai examination. One or noted for 14 of 32 ED 16, 17, 19, 20, 21, 22 records were reviewe treatment for patients potentially life threate. The findings include:  The hospital's "Plan for Care", effective on 3/4 time of the survey, stan RNThe purpose information to make a decisionassessment a decisionassessment abriefThe goal shour receive an initial triag minutes of arrival to the department"  The hospital adopted Index (ESI)" on 2/200 ESI included 5 levels being the highest prious Level II indicators were confusion, lethargy or	ensure its medical staff ersight of the policies to ensure patients were completely assessed y manner, prioritized imergency needs, and ting for a medical screening more of these issues were patients (#'s 2, 5, 8, 9, 14, , 23, 24 and 32) whose d. This resulted in delayed experiencing serious, some ning, medical conditions.  or Provision of Patient of and still in effect as of the ated "Patients are triaged by is to gather sufficient triage severity rating ts and examinations are d by the examiner on an ithe medical and should be timely and d be for all patients to e assessment within 5	A1	104	On 7-24-08 the CNO meet with the administrative management for EMC/ is the company that employees the elepartment physicians. At this meet contractual obligations were reviewed administration will monitor for complication the duties assumed in the contract. Involvement in department PI, patient overall physician oversight of care produced and standards in the Mercy Medical Cemergency Department were clarified Director and CNO will monitor complicontract.  The following policies are in process and revision by a sub-committee of the Review Committee that includes QM, ED staff and physicians:  7. Triage Policy  8. Documentation in Meditect 9. Plan for Provision of Patien 10. Pain Assessment and Real 11. ED Registration Multidiscip Protocol 12. ED Registration  All ED staff will be inserviced and hel accountable to these policies and will disciplinary action for patterns of failucomply. The measure of success will record review of 30 charts per month  All improvement efforts will be reported QLC, ED Medical Staff meetings by to Director, and to the MEC and Govern by the CNO.	mergency ing, i and ance with Physician i flow, and ocesses Center i. The ED ance to the of review ne Policy CNO, and nt Care ssessment blinary  d I face ire to I be medical ed at the he ED	7-24-08 8-7-08 8-7-08 8-7-08 8-7-08 8-7-08
	two or more resource patients should be ad				In September 2008 Team Health will additional training on ESI to all ESI-c registered nurses.		9-30-08

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPI LDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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A1104	III indicators were des two or more resource danger zone. It furthe	ed. The hospital's ESI Level scribed as patients requiring s with vital signs not in er noted Level III patients ED but could wait in the ED	A1	104	Adjustments and improvements we evaluation of ESI as a triage philo revision of current policies, identification target parameters, and current do practices. Improvements may als evaluation and adjustment of IT syenhance consistency of assigning acuity.	sophy, cation of cumentation o include ystems to	10-31-08	
	patients present with disorientation or seve Some examples of Le situations were abdor vehicle accident) with consciousness. It als for the triage nurse to	re pain and/or distress. evel II patient high risk ninal pain and MVA (motor		THE STREET WATER CONTRACT OF THE STREET CONTR	See pages 4-8 for POC.			
	stated "A quick triage patientsPatient's wa treatment area will ha completed and docun reassessment will inc assist obtaining vs), a which nurse saw that	nented hourly. The lude vital signs, (tec may nd a notation indicating patient. Any other I will also be documented.						
	" http://www.ahrq.gov. stated in EDs that pra the " emergency nurs determines the priority developmental and ps	recare Research and Quality /research/esi/esi3.htm", ctice the ESI system that he triages each patient and by of care based on physical, sychosocial needs as well as he emergency care						

CENTERS FOR MEDICARE & MEDICAID SERVICES

NAME OF PROVIDER OR SUPPLIER  MERCY MEDICAL CENTER    STREET ADDRESS, CITY, STATE, ZIP CODE   1512 TWELTTH AVENUE ROAD   NAMPA, ID 83656		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ONSTRUCTION	(X3) DATE SUR' COMPLETE	
MERCY MEDICAL CENTER    STREET ADDRESS, CITY, STATE, 2P CODE 1512 TWILLETH AVENUE ROAD NAMPA, ID 33666   PROPERTY NAME OF CONSECTION (INC. DEPTICATION)			420042				Į.	1
MERCY MEDICAL CENTER    SIMMARY STATEMENT OF DEFICIENCY   SIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MAY SEE PERCEGED BY FULL FACE OF THE ACTION SHOULD BE (EACH DEFICIENCY MAY SEE PERCEGED BY FULL FACE OF THE APPROPRIATE DEFICIENCY)    A1104   Continued From page 14 systemAcuity is determined by the stability of vital functions and potential for life, limb, or organ threat."    The hospital failed to ensure the Medical Staff provided ongoing monitoring of ED services and that staff correctly implemented the ESI as described above. Examples include:    1. Patient #2 was a 34-year-old female that was seen at the hospital's ED on 427708 at 5:49 PM. The patient had complaints of high blood sugars, nausea and vomitting. The record documented the patient was pre-registered at 5:49 PM, and was triaged at 6:06 PM, 17 minutes after arriving at the ED. The patient had a history of juvenile diabetes and reported that her sugars had been high for the past two weeks. The triage assessment stated the patient's pulse was 103 and her blood sugar at 6:24 PM, was greater then 500. Mosby's Diagnostic and Laboratory Test Reference (1998), states that a blood sugar greater than 400 is a possible critical value and may be an indication of Diabetic Ketocacidosis, untreated, has a high mortality rate. The patient was placed, has a high mortality rate. The patient was triaged as a level III, contradicing the hospital's ESI as the patient had critical lab values, abnormal vital signs and a life threatening condition; all indicators of ESI level II. The triage assessment off ind not life the number of resources the patient may have needed. The patient may have needed. The patient was placed in the EDI lobby			130013				1 07710	1/2006
CV4   ID   PREPRIX   CRACH GENETICHENT OF DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC DENTIFHING INFORMATION)   PREPRIX TAG   PROVIDERS PLAN OF CORRECTION GOOD DATE					1512 T	WELFTH AVENUE ROAD		
A1104  A1104  Continued From page 14 systemAcuity is determined by the stability of vital functions and potential for life, limb, or organ threat."  The hospital failed to ensure the Medical Staff provided ongoing monitoring of ED services and that staff correctly implemented the ESI as described above. Examples include:  1. Patient #2 was a 34-year-old female that was seen at the hospital's ED on 4/27/08 at 5:49 PM. The patient had complaints of high blood sugars, nausea and vomiting. The record documented the patient was pare-registered at 5:49 PM, and was triaged at 6:06 PM, 17 minutes after arriving at the ED. The patient had a history of juvenille diabetes and reported that her blood glucose monitor had read "High today" and that her sugars had been high for the past two weeks. The triage assessment stated the patient's sy argreater than 400 is a possible critical value and may be an indication of Diabetic Ketoacidosis, a life-threatening complication. Diabetic Ketoacidosis, a life-threatening complication. Diabetic Ketoacidosis, a life-threatening complication. Diabetic Ketoacidosis, untreated, has a high mortality rate. The patient was triaged as a level III, contradicting the hospital's ESI as the patient and critical lab values, abnormal vital signs and a life threatening condition; all indicators of ESI level II. The triage assessment did not list the number of resources the patient was placed in the EDI obby					145,000			
systemAcuity is determined by the stability of vital functions and potential for life, limb, or organ threat."  The hospital failed to ensure the Medical Staff provided ongoing monitoring of ED services and that staff correctly implemented the ESI as described above. Examples include:  1. Patient #2 was a 34-year-old female that was seen at the hospital's ED on 4/27/08 at 5:49 PM. The patient had complaints of high blood sugars, nausea and vomiting. The record documented the patient was pre-registered at 5:49 PM, and was triaged at 6:06 PM, 17 minutes after arriving at the ED. The patient had a history of juvenile diabetes and reported that her blood glucose monitor had read "High today" and that her sugars had been high for the past two weeks. The triage assessment stated the patient's pulse was 103 and her blood sugar at 6:24 PM, was greater then 500. Mosby's Diagnostic and Laboratory Test Reference (1988), states that a blood sugar greater than 400 is a possible critical value and may be an indication of Diabetic Ketoacidosis, a life-threatening complication. Diabetic Ketoacidosis, untreated, has a high mortality rate. The patient was triaged as a level III, contradicting the hospital's ESI as the patient had critical lab values, abnormal vital signs and a life threatening condition; all indicators of ESI level II. The triage assessment did not list the number of resources the patient may have needed. The patient was placed in the ED lobby	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LDBE	COMPLETION
documented evidence that nursing staff had reassessed the patient hourly per the hospital's "Triage Policy". Further, there was no documented evidence that the triage nurse	A1104	systemAcuity is det vital functions and porthreat."  The hospital failed to provided ongoing more that staff correctly implementation of the st	ensure the Medical Staff nitoring of ED services and plemented the ESI as amples include:  4-year-old female that was ED on 4/27/08 at 5:49 PM. plaints of high blood sugars, The record documented egistered at 5:49 PM, and M, 17 minutes after arriving int had a history of juvenile d that her blood glucose gh today" and that her in for the past two weeks, int stated the patient's pulse od sugar at 6:24 PM, was posby's Diagnostic and erence (1998), states that a han 400 is a possible critical indication of Diabetic increatening complication, s, untreated, has a high attent was triaged as a level hospital's ESI as the patient s, abnormal vital signs and a tion; all indicators of ESI ssessment did not list the the patient may have was placed in the ED lobby ecord did not contain e that nursing staff had int hourly per the hospital's her, there was no	A11	04	On 7-24-08 the CNO meet with the administrative management for EN which is the company that employ emergency department physicians meeting, contractual obligations we reviewed and administration will memorate. Physician involvement in department PI, patient flow, and on physician oversight of care process standards in the Mercy Medical Company Department were clar ED Director and CNO will monitor to the contract.  Regular monitoring and document waiting patients will begin. The Composition of Director and Assistant Director with estaffing matrix to ensure that the contract of the con	ACARE, ees the s. At this ere conitor for ed in the n verall eses and enter ified. The compliance tation on all NO, ED ill evaluate his	

PRINTED: 07/28/2008 **DEPARTMENT OF HEALTH AND HUMAN SERVICES** FORM APPROVED OMB NO. 0938-0391 **CENTERS FOR MEDICARE & MEDICAID SERVICES** (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING C B. WING 130013 07/10/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1512 TWELFTH AVENUE ROAD MERCY MEDICAL CENTER NAMPA, ID 83686 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) A1104 Continued From page 15 A1104 See pages 4-8, 15 for POC. notified the physician of the initial blood sugar reading that was taken at 6:24 PM. Venous blood samples were drawn at 7:29 PM, and the results were a "critical" blood sugar of 584. The results were called to the ED at 8:24 PM. The physician saw the patient at 9:34 PM, and documented the patient's condition as being "anxious, tachypneic (rapid breathing) and positive Ketonic odor on breath (sweet smell)." On 7/09/08 at approximately 2:30 PM, the nurse that triaged the patient was questioned via telephone. He could not remember the case. On 7/8/08 at 2:45 PM, the ED Director reviewed the patient's record. He stated the patient should have been triaged as a level II and that "yes, this was an emergency situation." He could not find documented evidence that the triage nurse had notified the physician of the initial blood sugar result. The hospital failed to ensure that nursing had assigned the patient's "Emergency Severity Index" appropriately. The hospital failed to ensure that nursing identified the patient's blood sugar as an indication of Diabetic Ketoacidosis which was a life-threatening complication. The hospital failed to ensure that the triage nurse communicated with the ED Physician and notified the physician of the patient's initial blood sugar results. The hospital failed to ensure that staff

"Triage Policy".

had reassessed the patient hourly to include any significant symptoms, interventions, vital signs or which nurse saw that patient per the hospital's

2. Patient #2 was seen again at the hospital's ED on 5/4/08 at 11:11 PM, with complaints of an acute asthma exacerbation. The record documented the patient was pre-registered at

*	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SU COMPLE	TED	
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A1104	11:12 PM, and was to minutes after arriving department. The hos staff triaged the patie "Triage Policy".  3. Patient #5 was a 1 seen at the hospital's patient's parents repebreath. The record of pre-registered at 5:46:01 PM, 16 minutes emergency departments that staff triagminutes per the "Triadent #8 was a 3 the hospital's ED on thyroid surgery on 6/pain in her "post-thyrnauseated, dizzy and (weakness) and a so was light headed and documented the patient arriving at the emergance assessment stated the patient of the patient	riaged at 12:06 AM, 54 at the emergency spital failed to ensure that int within 5 minutes per the  -year-old male who was ED on 4/15/08. The orted the child was short of ocumented the patient was 5 PM, and was triaged at after arriving at the ent. The hospital failed to jed the patient within 5 ge Policy".  15-year-old female seen at 6/20/08. The patient had 11/08 and had complaints of oid surgery area", and was I had general malaise re throat. She stated she I was shaking. The record ent was pre-registered at at 4:26 PM, 14 minutes after ency department. The triage ne patient's pain was a 10 of in clinical observations or a tient's pain. The patient was contradicting the hospital's ported severe pain, an age assignment. The patient hospital at 7:55 PM to rule cess at the sight of her	A1	104	See pages 4-8, 15 for POC		
	presented to the ED	87-year-old female who on 3/20/08 at 12:12 PM, with c dysrhythmias (irregular		***************************************			

4	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER			15	ET ADDRESS, CITY, STATE, ZIP CODE 12 TWELFTH AVENUE ROAD AMPA, ID 83686		
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A1104	heart rate). The patie from the office to the rapid heart rate. The atrial fibrillation and a documented the patie PM and was triaged a after arriving at the er triage assessment no patient's pulse was 2 documented how this who took it. No evaluated documented at that it note at 12:23 PM state was "88-130 via pulse actual pulse rate documented the pof breath, dizzy, respink". The nurse gav II, which meant the poto an examination root by a physician on a popatient was sent to the PM. No documentation the triage protocol was stated Patient #9 was room at 1:19 PM and waiting room at 1:37 documentation why spatient left the hospital The RN who was on interviewed on the tel 1:20 PM on 7/9/08. Swith Patient #9.	ent's physician had sent her ED for an evaluation of her patient had a history of a pacemaker. The record ent pre-registered at 12:22 at 12:37 PM, 15 minutes mergency department. The ste at 12:23 PM, stated the 10 at registration. It was not a pulse rate was obtained or ration of the patient was me. The triage assessment ted the patient's pulse rate to (oximeter)". However, the triage assessment red the patient a priority level enter the patient a priority level enter the basis. Instead, the re waiting room until 1:19 on was present as to why as not followed. The record at taken to an examination then returned to the ED PM. Again, there was no taff made this change. The all AMA at 2:02 PM.	A1	104	See pages 4-8, 15 for POC		

PRINTED: 07/28/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING С B. WING 130013 07/10/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1512 TWELFTH AVENUE ROAD **MERCY MEDICAL CENTER** NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION Ю (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) A1104 Continued From page 18 A1104 See pages 4-8, 15 for POC. the bathroom. The record documented the patient was pre-registered at 12:36 PM. The record did not contain a triage assessment. At 2:22 PM, the record stated the "Patient discharged from ED" and at 7:06 PM, it was noted by the nurse that the patient "Left without being seen." The record did not contain documented evidence that nursing staff had triaged the patient. 7. Patient #16 was a 78-year-old female who was seen at the hospital's ED on 5/15/08 at 10:23 PM. with complaints of high blood sugars. The record documented the patient was triaged at 10:27 PM, and was seated in the ED waiting room at 10:31 PM. At 12:23 AM, it was noted by the nurse that the patient was "Feeling better and that she wants to go home..." The patient left without being seen at that time. The record did not contain documented evidence that nursing staff had reassessed the patient hourly per the hospital's "Triage Policy". 8. Patient #17 was a 17-year-old male who was seen at the hospital's ED on 4/30/08, with complaint of a head injury. The record

documented the patient was triaged at 5:27 PM. The triage notes documented the patient's head injury was sustained while he was playing football. It was documented the patient had reported that, "Everything went black for about 10 seconds", he had blurred vision in the left eye and was light headed. The patient rated his pain as a 9 of 10.

contradicting the hospital's ESI as the patient had reported severe pain and a change in LOC, consistent with triage level II. The triage

assessment did not contain documentation of the

The patient was triaged as a level III,

patient's LOC to include a neurological

CENTERS FOR MEDICARE & MEDICAID SERVICES

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	OVIDER OR SUPPLIER			151	ET ADDRESS, CITY, STATE, ZIP CODE 12 TWELFTH AVENUE ROAD MPA, ID 83686		
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A1104	not limited to, observed was confused, lethard record did not include patient's injuries or his assessment did not lithat the patient may have triaged as a level hospital's ESI the patient and had a changinjury; all consistent of The patient's Legal Repatient out AMA becarries to the hospital failed to assigned the patient's Index" per the hospital failed was per the hospital failed to assigned the patient's lindex" per the hospital failed to assigned the patient's lindex" per the hospital failed to assigned the patient's lindex" per the hospital failed to assigned the patient's lindex" per the hospital failed to assigned the patient's lindex" per the hospital failed to assigned the patient's lindex" per the hospital failed to assigned the patient's lindex."	Id have included, but was ations of whether the patient gic or disoriented. The e an assessment of the s pain. Further, the st the number of resources have needed. The patient ill III contradicting the gient had reported severe ge of LOC at the time of the with level II triage criteria. The patient had reported severe ge of LOC at the time of the with level II triage criteria. The patient had reported severe ge of LOC at the time of the with level II triage criteria.	A1	104	See pages 4-8, 15 for POC.		
	being seen at the hos PM, with complaints injuries that were sus wooden fence on a mocumented the patient 1:32 PM, and was triage notes docume complaint was head, leg injuries; he rated patient was triaged a hospital's ESI as the pain; an indication fo triage assessment diof the patient's LOC assessment that wou not limited to, observibeing confused, lethal	10-year-old male who was spital's ED on 4/27/08 at 1:32 of head, hand, knee and leg stained when he ran into a notorcycle. The record ent was pre-registered at aged at 1:53 PM, 21 minutes mergency department. Intended the patient's chief neck, arm, hand, knee and his pain as an 8 of 10. The salevel III, contradicting the patient had reported severe revel III prioritization. The do not contain documentation to include a neurological all have included, but was ations of whether the patient argic or disoriented. The		Toyan and the second se			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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A1104	that the patient may of 3:22 PM, it was noted patient "Left without be not contain document staff had reassessed hospital's "Triage Policensure Patient #19 reconsistent whit his net 10. Patient #20 was a seen at the hospital's with complaints of her following a motor-veh documented the paties 2:44 PM, and was tria after arriving at the errecord did not include patient's LOC that we observations of wheth confused, lethargic or there no documented	s pain. Further, the st the number of resources or may not have needed. At least the number of resources or may not have needed. At least the number of the number of the number of the patient hourly per the cy". The hospital failed to ceived care and services eds and hospital policies.  19-year-old male who was ED on 4/5/08 at 2:43 PM, and pain and trouble seeing icle accident. The record ont was pre-registered at least at least at least at least at least and sees and services.	A1	104	See pages 4-8, 15 for POC.		
	seen at the hospital's complaints of liver parties the patient was pre-rewas triaged at 11:06 at the emergency dependent of the paties abdominal pain and links pain as a 4 of 10. history of drug abuse positive. He had stop 4/13/08. The patient	n. The record documented agistered at 10:47 AM, and AM, 19 minutes after arriving partment. Triage notes of the foundation of the patient rated the had a past medical					

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assessme observati to include description did not list patient management was patient was patient was patient was patient was patient was and that to observati patient's his pain.  12. Patien presente of upper a Pre-regis patient was patient the patient was	ons of the part of his pair the number of his pair the number of his pair the number of his seated in the seated in the triage as ons of the part of his the ED. To the ED abdominal part of his the ED. To the ED abdominal part of his estimation was the ED. To the ED abdominal part of his estimation was the ED. To the ED abdominal part of his estimation was the ED. To the ED and was the endicator for the sessment did not be a the pair was the number of her acute part of the waiting ources were to the waiting ources were to the waiting and his pair ources were to the waiting our our our our ources were to the waiting our	contain documented clinical atient's acute mental status symptoms of DT's and a m. Further, the assessment of of resources that the eded, or justify why those needed. At 11:08 AM, the matter that the eded, or justify why those needed. At 11:08 AM, the matter that the eded of the ed	A1104	See pages 4-8, 15 for POC.		

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A1104	nursing note at this till without being seen are without being seen are An interview was condon 7/6/08 at 2:00 PM, the Patient #22 received He also verified that it to support the Level II. The hospital failed to the patient within 5 m Policy", assigned the and had properly assobservations of the pain, injuries and the the patient may need resources were not not a patient Had complaint and chest pain and with patient was taken PM and cardiac rhythnursing note, at 6:53 empty, apparently left was no documented of a complete (full) triagof the patient. Furthe evidence that the ED patient.	cord until 7:56 PM. The me stated the patient left and signed an AMA form.  ducted with the ED Director . He could not explain why red an ESI Level III rating. here was no documentation II rating.  ensure that staff had triaged inutes per the "Triage patient's ESI appropriately essed the clinical atient's acute mental status, number of resources that , or justify why those eeded.  an 18-year-old male who on 3/5/08 at 4:24 PM. The is of an irregular heart beat as assigned as a level II. In into the ED room at 5:08 ms were obtained. The next PM, stated, "Room found to without being seen." There evidence that staff provided e and nursing assessment r, there was no documented physician had seen the	A1	104	See pages 4-8, 15 for POC.		
	seen at the hospital's complaints of migrain documented the patie 7:37 PM, and was tria	a 37-year-old male that was ED on 4/9/08, with e headache. The record ent was pre-registered at aged at 7:46 PM, 9 minutes mergency department. He					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		130013	B. WING		1	C 0/2008
	OVIDER OR SUPPLIER		151	ET ADDRESS, CITY, STATE, ZIP CODE 2 TWELFTH AVENUE ROAD MPA, ID 83686		
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A1104	against medical advice notes documented the 10 of 10. The patient contradicting the host reported severe pain, assignment. The trial contain documented opatient's mental status assessment or an assignment, the assessment or an assignment of an assignment of an assignment or an assignment of an assignment of an assignment of an assignment of assessments per the Lastly, there was no rewhen he left against in An interview was condon 7/6/08 at 2:00 PM. Patient #24 was not also verified that there the record to support.  The hospital failed to the patient within 5 m Policy", assigned the and had properly assignment of resources observations of the parended. The hospital staff reassessed the phospital's "Triage Policial"s "Triage "	reg room at 7:47 PM and left be at 11:17 PM. Triage e patient rated his pain as a was triaged as a Level III, bital's ESI as the patient had indicating Level II ge assessment did not clinical observations of the s to include a neurological sessment of his acute pain. ent did not list the number of may need. The record did ted evidence of hourly the hospital's "Triage Policy". The assessment of the patient medical advice at 11:17 PM.  Inducted with the ED Director The could not explain why the physician. He as was no documentation in Level III triage assignment.  The ensure that staff had triaged inutes per the "Triage patient's ESI appropriately, the patient may have also failed to ensure that triatient hourly per the cy".  Totypear-old female who on 6/24/08 at 2:12 PM. She	A1104	See pages 4-8, 15 for POC.		
	10 minutes after arrivi					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 1512 TWELFTH AVENUE ROAD NAMPA, ID 83686		12000
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A1104	document the level of was experiencing. He at 144/95. She was p A vital sign sheet liste pressure at 186/118 at the patient was document assessment was stated the patient's pawas stabbing and rad further assessment was 4t:20 PM, the nursin patient's abdomen as assessment was docupain medication was do to the patient. Nursin was "UPDATED ON Viven an antibiotic me physician eventually sof his examination wan ursing note stated the	The triage note failed to abdominal pain the patient or blood pressure was noted placed in the waiting room. It is a patient of the patients blood at 3 PM. No assessment of the nented at this time. The documented at 4:02 PM. It is level was 10 of 10 and placed to her perineum. No as documented at this time. The tender. No further umented at this time. No documented as being given or the patient of the patien	A1	104	See pages 4-8, 15 for POC.		
The state of the s	PM, the triage RN for did not remember the On 7/14/08, the hospit second set of the patie were reviewed and co to ensure that the patie 5 minutes per the "Triage RN for did not remember the patients of the second set of the second set of the second set of the second s	ial administrator provided a ent's records. The records nfirmed the hospital failed ent had been triaged within age Policy". Further, the re that staff had assigned ncy Severity Index"					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING			(X3) DATE SURVEY COMPLETED			
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A1104	16. On 7/9/08 at 10:2 observed in the ED to stated at that time the with the patient becautriage the patient had 17. On 7/9/08, at app the previously reference weed with the Director Management and the were not able to provide documentation on the The Medical Director was interviewed on 7 stated he was aware	6 AM, a patient was bby. The triage nurse it she needed to check in use she has not been able to and it had been 48 minutes arrived.  roximately 2:30 PM, all of iced patient records were ector of Quality and Case Director of the ED. They ide any further	A1104	administrative management for EMC is the company that employees the edepartment physicians. At this mee contractual obligations were reviewed administration will monitor for complition the duties assumed in the contract. Involvement in department PI, patient overall physician oversight of care prand standards in the Mercy Medical Emergency Department were clarified Director and CNO will monitor complication.  Regular monitoring and documentation waiting patients will begin. The CNO Director, and Assistant Director will estaffing matrix to ensure that this mois being consistently staffed.	mergency ting, d and ance with Physician t flow, and occesses Center d. The ED iance to the on on all b, ED evaluate the nitoring role	7-24-08 8-12-08
	including patient mon medical staff had app but he had not been i development or imple triage patients. He se problems related to tracknowledged proble during renovation of t to wait until rooms be he was not aware of staff involvement rela systems for patient countries. The hospital's Medical the hospital's policies followed with regards completely assessing	ving the triage system itoring. He said the roved a new triage policy nvolved with the imentation of the system to aid he was not aware of itaging patients. He imentations he ED and said patients had came available. He stated documentation of medical ted to the development of are in the ED.  Il Staff failed to ensure that and procedures were to adequately and and triaging patients in a assessing patients who		The CNO, ED Director, and Assistan will evaluate the staffing matrix to en this monitoring role is being consiste.  On 8-5-08 the Clinical Leadership Teidentified the need for improvement is review and revision of Hospital-wide. The QM Department will oversee the facilitate meetings, and will arrange to be placed on the Mercy Medical Clintranet. All policies that affect Medi. Departments that have a Medical Director be approved by the appropriate Med Department chair. ED polices related documentation and triage will be reviewed as needs are identified. The will go to the Policy Review Committ beginning August 2008. The policy will be reviewed and revised at the ir on 8-22-08 and will be approved by I Staff.	sure that ntly staffed.  eam n regular policies. process, or policies eenter cal Staff or rector must ical Staff i to iewed and se polices ee on policies nitial meeting	8-22-08

#### PRINTED: 07/28/2008 **DEPARTMENT OF HEALTH AND HUMAN SERVICES** FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING С B. WING \_ 130013 07/10/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1512 TWELFTH AVENUE ROAD **MERCY MEDICAL CENTER** NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A1104 Continued From page 26 A1104 See pages 4-8, 15 for POC. Without following the newly established policy for ESI, the nursing staff compromised the health and well-being of patients who meet the criteria of a high risk patient. Patients may face a deteriorating health condition or possibly death, should the ESI system be used incorrectly.



CENTERS FOR MEDICARE & MEDICAID SERVICES
Consortium For Quality Improvement and Survey & Certification Operations
Western Consortium – Division of Survey & Certification

August 20, 2008

Joseph Messmer, President and CEO Mercy Medical Center 1512 – 12<sup>th</sup> Avenue Road Nampa, ID 83686

CMS Certification Number: 13-0013

RECEIVED
PRESIDENT/CEO'S OFFICE

AUG 2 5 2008

MERCY MEDICAL CENTER NAMPA, IDAHO

Dear Mr. Messmer:

The Centers for Medicare and Medicaid Services (CMS) is in receipt of Mercy Medical Center's voluntarily-submitted plan of correction in response to the complaint survey conducted July 10, 2008, by the Idaho Bureau of Facility Standards (State agency). The plan of correction was reviewed by both CMS and the State agency and was found to be credible. CMS appreciates the time and effort that Mercy Medical Center has taken to address their commitment to safe, quality patient care.

If you have any questions, please contact Kate Mitchell of my staff at (206) 615-2432.

Sincerely,

∼Steven Chickering

Western Consortium Survey and Certification Division of Survey and Certification

cc: Debra Ransom, Idaho Bureau of Facility Standards

C.L. "BUTCH" OTTER – Governor RICHARD ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

CERTIFIED MAIL: 7000 1670 0011 3315 1828

August 25, 2008

Joseph Messmer Mercy Medical Center 1512 – 12<sup>th</sup> Avenue Road Nampa, Idaho 83686

RE: Mercy Medical Center, provider #130013

Dear Mr. Messmer:

Based on the complaint survey completed at Mercy Medical Center on July 10, 2008 by our staff, we have determined that Mercy Medical Center is out of compliance with the Medicare Hospital Conditions of Participation on Emergency Services (42 CFR 482.55). To participate as a provider of services in the Medicare Program, a hospital must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

Enclosed is a Statement of Deficiencies/Plan of Correction form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

- 1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for <u>all</u> individuals potentially impacted by the deficient practice.
- 2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
- 3. Identify the date each deficiency has been, or will be, corrected.
- 4. <u>Sign and date the form(s)</u> in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **September 8, 2008**, and keep a copy for your records.

Joseph Messmer August 25, 2008 Page 2 of 2

Also pursuant to the provisions of <u>IDAPA 16.03.14.150.01.g</u>, Mercy Medical Center is being issued a Provisional hospital license. The license is enclosed and is effective July 10, 2008, through November 10, 2008. The conditions of the provisional license are as follows:

- 1. Post the provisional license.
- 2. Correct all cited deficiencies and maintain compliance.

Please be aware, that failure to comply with the conditions of the provisional license, may result in further action being taken against the hospital's license.

Be advised, that, consistent with IDAPA 16.05.03.300, you are entitled to request an administrative review regarding the issuance of the provisional license. To be entitled to an administrative review, you must submit to the State Survey Agency a written request by **September 19, 2008**. The request must state the grounds for the facility's contention of the issuance of the provisional license. You should include any documentation or additional evidence you wish to have reviewed as part of the administrative review. Your written request for administrative review should be addressed to:

Randy May, Deputy Administrator Division of Medicaid -- DHW P.O. Box 83720 Boise, ID 83720-0036

phone: (208)364-1804 fax: (208)364-1811

If you fail to submit a timely request for administrative review, the Department of Health and Welfare's decision to issue the provisional license becomes final. Please note that issues which are not raised at an administrative review may not later be raised at higher level hearings (IDAPA 16.05.03.301).

We urge you to begin correction immediately.

If you have any questions regarding this letter or the enclosed reports, please contact me at (208)334-6626.

Sincerely,

SYLVIA CRESWELL, Supervisor

Non-Long Term Care

SC/mlw

**Enclosures** 

# Mercy Medical Center

August 28, 2008

RECEIVED

Ms. Sylvia Creswell Idaho Department of Health & Welfare Bureau of Facility Standards 3232 Elder Street Boise, ID 83720-0036

AUG 29 2008

**FACILITY STANDARDS** 

Dear Ms. Creswell:

This letter is in response to your letter dated August 25, 2008, requesting a Plan of Correction from the survey by your office on July 10, 2008, of the Emergency Services at Mercy Medical Center.

Attached please find the signed State Form P06111 with Tag references to the action plan Mercy Medical Center submitted to CMS, with a copy to your office, August 7, 2008, on CMS form 2567. This format and referencing was completed as a result of a phone conversation between you and our CNO, Clint Child, on August 26, 2008. We are also enclosing an additional copy of our plan submitted August 7, 2008, for your referencing convenience.

We regret the delay in receiving the request from your office for the Plan of Correction on the State Form P06111. Had we received this request earlier, as you stated, we could have completed the form with the CMS Plan of Correction without undue duplication of efforts and without having to pull resources from ongoing actions associated with the Plan of Correction.

We are also enclosing a copy of a letter from Mr. Steven Chickering from the CMS Division of Survey and Certification. This letter from Mr. Chickering was in response to our Plan of Correction submitted to CMS on August 7, 2008, informing Mercy Medical Center that the plan had been received, reviewed by both CMS and the State agency and found to be credible. Debra Ransom of the Idaho Bureau of Facility Standards was copied this letter by Mr. Chickering's office.

As I hope you are aware, we at Mercy Medical Center take the compliance with all standards and regulations very seriously. Our corrective action steps began during the

survey in July with the initial formulation and actions for a Plan of Correction on items identified. Many items discussed in the Exit Interview with your staff on July 10, 2008, had actions taken prior to the receipt of the official findings from CMS as a result of the State report.

After your receipt and review of this action plan we welcome any input or feedback you may be able to provide.

Respectfully,

Joseph Messmer, President, CEO

#### **Enclosures**

- 1) State Form P06111
- 2) Copy of plan submitted on August 7, 2008
- 3) Copy of Letter from Mr. Steven Chickering

cc: Debra Ransom Dick Armstrong

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED C	
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Å B 000	16.03.14 Initial Con	nments		B 000			
	The following defici complaint survey of conducting the inve	encies were cited du fyour hospital. Surve stigation were:	ring the eyors		·		
	Patrick Hendrickso Gary Guiles, RN, H Sharon Mauzy RN,		eader		RECEIV	provide games, g	
	Acronyms used in t				AUG 2 9 200	8	
	AMA = Against Med CVA = Cerebral Va DCS = Director of C DT's = Delirium Tre ETOH = Alcohol ED = Emergency D ESI = Emergency S GERD = Gastroesc HTN = Hypertensio Labs = Laboratory LOC = Level of Cor POC = Plan of Corr	scular Accident Clinical Services emens epartment Severity Index phageal Reflux Dise n (High Blood Pressi Tests asciousness rection urance Performance	ase ure)		FACILITY STAND	ARDS	
····	and medical staff, the ensure that there is quality assurance provision of care. The document appropriate that the staff is the staff of the staff is the staff of the staff o	uality Assurance ace. Through adminis he governing body sl an effective, hospita rogram to evaluate the he hospital must take ate remedial action to	hall al-wide he e and	BB124	Refer to corrective action iden Tag #A267 in Mercy Medical ( Plan of Correction submitted 8 Form CMS-2676 (Page 1-3)	Center's	
Bureau of Fa	cility Standards	a. Mar	h <sub>ka</sub> .		TITLE Pre-D	ACEO (X8) DATE,	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Pre-Dul CEO (X6) DATE
8/27/

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BB124	Continued From page 1			BB124				
	hospital must docu remedial action. (10	eficiencies found through the program. The ospital must document the outcome of the smedial action. (10-14-88)  In this Rule is not met as evidenced by: assed on review of the hospital's previous survey ports and POCS, quality improvement data and aff interview, it was determined the hospital illed to ensure its QAPI program monitored the uality and appropriateness of ED services rovided to patients. The findings include:  Refer to A0267 as it relates to the failure to insure its QAPI program monitored the quality and appropriateness of ED services provided to						
	Based on review of reports and POCS, staff interview, it wa failed to ensure its quality and appropr							
	ensure its QAPI pro							
No.	Emergency Service standard level defice to the failure of the presenting to the E and triaged in a time consistent with their	Condition of Participals of the control of Participals of Particip	d ley relate atients ssessed ed and					
	incomplete triage a	uted to patients receinssessments and delections and delections and delections are received in the contraction of the contracti	ayed,					
BB297	and Procedures	mergency Service, Pe	olicies	Refer to corrective action identified in Tag #A1100 in Mercy Medical Center Plan of Correction submitted 8/7/08, 6				
	care in a specific a organized plan for	rovide emergency ma rea of the facility sha emergency care bas needs and the capal	ll have an ed upon		Form CMS-2676 (Page 11-15)			

Bureau of Facility Standards STATE FORM

P06111

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		IDENTIFICATION NU	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  130013		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		EURVEY ETED
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BB297	room of every hosp and procedures. The with state and local approved by the hostaff, and nursing supproved by the go procedures shall interest the following: (10-14-16). The following: (10-14-16) a. Policies and procedures and procedures shall interest the interest of the following: (10-14-16). The following: (10-14-16) b. Medical responsion contents and patients and shall specoverage; and (10-14-16) c. Procedures that the emergency room d. Policies and suppand/or transfer to a e. Policies regarding patients requiring for (10-14-16). Policies and suppatients requiring for (10-14-16).	ocedures. The emergital shall have written ese shall be in conformation and conformation an	n policies ormance es shall be es shall be es shall be olicies and ited to, accident ie, used persons, ad/or active and ated vels of pecialty sure staff the or referral 10-14-88) given der storage	BB297			
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Bureau of Facility Standards STATE FORM

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BB297	Continued From page 3			BB297				
	g. Policy and supporting procedures for care of emergency equipment; and (10-14-88)							
	h. Instructions for procurement of drugs, equipment, and supplies; and (10-14-88)							
	i. Policy and supporting procedures involving toxicology; and (10-14-88)							
in and	j. Policy and supporting procedures devised for notification of patient's physician and transmission of reports; and (10-14-88)							
amete.	k. Policy involving instructions relative to disclosure of patient information; and (10-14-88)							
	I. A policy for integra into a disaster plan.	ation of the emergen (10-14-88)	cy room					
	This Rule is not met as evidenced by: Based on staff interviews and review of hospital policies and patient records, it was determined the hospital failed to ensure patients presenting to the ED received timely, appropriate triage assessments and reassessments to meet their medical needs. The findings include:							
	1. Refer to A267 as it relates to the failure of the hospital to ensure its QAPI program monitored the quality and appropriateness of ED services provided to patients.							
	hospital to ensure p documented triage a reassessment information	it relates to the failule eatients 'ED records assessment and mation necessary to nd monitor the medic						
	3. Refer to A1104, as it relates to the hospital's							

Bureau of Facility Standards

		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED  C 07/10/2008			
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BB297	assess and triage p Further, staff failed "Emergency Sever reassess patients v lobby per hospital p The cumulative efformatices significan	equately and complet patients in a timely m to adequately assigrity Index", and failed who were waiting in the policies.  ect of these negative tly impeded the hospife, effective services	anner. n patient's to ne ER's facility oital ' s	BB297					
BB300	every patient who part in the emergency real. The record shall (10-14-88)  i. Patient identification. Time of arrival; and in the control of	cal records shall be keresents himself for to com of the hospital. ( contain at least the fi ion; and (10-14-88) and (10-14-88)	reatment 10-14-88) ollowing:	BB300	Refer to corrective action ider Tag #A467 in Mercy Medical Plan of Correction submitted Form CMS-2676 (Page 3-8)	Center's			
······································	iv. Clinical, laborate appropriate; and (1 v. Diagnosis, physic treatment given; an vi. Condition of pati and (10-14-88)	cian orders, medicati	as on, and ransfer;						

Bureau of Facility Standards

viii. Instructions for follow-up care; and (10-14-88)

PRINTED: 07/25/2008 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		COMPLE	(X3) DATE SURVEY COMPLETED		
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BB300	Continued From page 5			BB300					
	ix. Signature of attending physician and nurse for all treatments and medications provided. (10-14-88)								
en e so	b. Emergency room records shall be filed with inpatient records when appropriate. (10-14-88)								
	This Rule is not met as evidenced by: Based on staff interviews, record reviews, and review of hospital policies, it was determined the hospital failed to ensure the records of 8 of 32 ED patients (#'s 8, 9, 17, 19, 21, 22, 24, and #32), whose records were reviewed, documented triage assessment and reassessment information necessary to effectively identify and monitor the medical status of each patient. The findings include:								
	document all pertine potential to negative	it relates to the failure ent patient information ely impact patient ca ent and reassessmen	on had the re due to						